Objections to Administrative Order of Support by CSEA

1. Must be filed within thirty (30) calendar days of the administrative hearing.
2. Must allow time for CSEA paperwork to be filed with the court prior to filing an objection.
3. Filing after thirty (30) days is by motion with a filing fee of $100.00.
4. Service is usually done by notice to the other parties by certified mail.
5. Copies needed by the Court:
   a. Original and three (3) copies of the objection plus one (1) for each party for service.
   b. Original and two (2) copies of the Instructions to the Clerk.
   c. Original and three (3) copies of the Service Request.

JUVENILE COURT HAMILTON COUNTY, OHIO

IN RE: _____   :   CASE NUMBER: _____

_____   :   **MOTION**

:

:   **OBJECTION TO ADMINISTRATIVE
ORDER OF SUPPORT**

:

Please be on notice that the within motion will be heard on the ____day of_____20___,
by Judge / Magistrate _____ at the Hamilton County Juvenile Court located at
800 Broadway in Cincinnati, Ohio 45202-1332. Floor # _____.

_____
Name

_____
Address

_____
City   State   Zip Code

(_____)_____
Area Code   Telephone Number

• •

Certificate of Service

I, _____, certify that I served a copy of the foregoing on the Plaintiff by

_____ at _____.

_____   _____
Date   Signature

HAMILTON COUNTY JUVENILE COURT

HAMILTON COUNTY, OHIO

REQUEST AND INSTRUCTIONS FOR ORDINARY MAIL SERVICE

INSTRUCTIONS TO CLERK

IN RE: _____   CASE NUMBER: _____

_____

IF SERVICE OF PROCESS BY CERTIFIED MAIL IS RETURNED BY THE POSTAL AUTHORITIES WITH AN ENDORSMENT OF "REFUSED" OR "UNCLAIMED", AND IF THE CERTIFICATE OF MAILING CAN BE DEEMED COMPLETE, NOT LESS THAN FIVE (5) DAYS BEFORE ANY SCHEDULED HEARING, THE UNDERSIGNED WAIVES NOTICE OF THE FAILURE OF SERVICE BY THE CLERK AND REQUESTS ORDINARY MAIL SERVICE IN ACCORDANCE WITH CIVIL RULE 4.6 (C) OR (D) AND CIVIL RULE 4.6 (E).

Date: _____

_____

_____
Petitioner (s) Name (s) or Attorney (Type or Print)

X_____

X_____
Signature (s)

HAMILTON COUNTY JUVENILE COURT
SERVICE REQUEST

☐ **WRITTEN REQUEST FOR SERVICE** (Civil)
☐ **PRAECIPE** (Delinquent/Criminal)

IN RE: _____   **CASE NUMBER:** _____

_____

Case Type: _____   **Reason for Hearing:** _____

Charges: _____   _____   _____

A hearing is scheduled on the _____ day of _____ 20_____, at _____:_____ AM / PM.

Judge / Magistrate: _____   **Case Manager:** _____

Type of Form: **(Summons)** **(Subpoena)** or **(Notice)** *(List one of these selections for each address listed below.)*
                           (Parties)   *(Witnesses)*   *(Attorney/Parties)*

Type of Service: **(Regular Mail)** **(Certified Mail)** **(Personal Service)**
                           (Usual Service)

(Residential Service) or **(Publication)** *(List one of these selections for each address listed below.)*

Type of Form	**Type of Service**	**Name and Complete Address and Zip Code**
1. _____	_____	_____
		_____
		_____
		_____
2. _____	_____	_____
		_____
		_____
3. _____	_____	_____
		_____
		_____
4. _____	_____	_____
		_____
		_____
		_____

Requested by: _____   **Phone:** (_____) _____

Address: _____
                                                 City   State   Zip